



Long-term care that works.
For seniors. For Ontario.

2019 Budget Submission

**ONTARIO
LONG TERM CARE
ASSOCIATION**

Introduction.

Seniors' needs matter. Anyone connected to long-term care will tell you this is worth repeating. Ontario is experiencing an unprecedented surge in seniors who require care with all levels of daily activity, who are living with dementia and/or mental health disorders, and who need to be cared for somewhere more suitable than a hospital bed and more safely than at home.

Despite the threat of these challenges overwhelming both our health care system and our seniors, we have not seen meaningful progress towards resolving any of these issues. There have been some advancements over the last 15 years, but health policy seems to have largely forgotten that seniors' needs matter. Their needs are different from other health needs, and they are changing. More importantly, these unaddressed needs are developing into one of the largest health capacity challenges the province has ever seen.

› Starting with where.

In long-term care, “where” is a question we hear more than any other. It’s asked about funding, about building homes, and about finding staff to deliver the quality of care Ontario seniors deserve. But now it is being asked by a growing number of Ontarians as families face the bewildering task of finding a long-term care home for their loved one.

Asking where mom or dad will live comfortably and with dignity is soon followed by another question: “Why?” Why is this so hard? Why are the wait lists so long? Why isn’t there more staff in the homes?

› How did we get here?

Improvements in lifestyle and medical care have increased average lifespans, which have contributed to a steady growth in the population of older Ontarians. But an aging population is not the cause of this current crisis. Rather, it is more than a decade of micromanagement and indecision regarding long-term care that has taken its toll.

The previous government’s focus on caring for our aging population in the community (Aging at Home) has resulted in seniors entering long-term

care at a much later stage in their lives, requiring a more intense approach to caring for the complexity of their conditions. In the past decade, the resident population we have been caring for has become much more clinically complex and fragile, and the prevalence of cognitive impairment and dementia has increased.

› What is making matters worse?

Despite the escalating growth in needs across the province, operators, supported by dedicated and experienced frontline nursing, therapy and support staff, physicians, and pharmacists, continue to try and meet this challenge head on. But we are at a tipping point. Staff and professionals in long-term care are feeling overworked and over-scrutinized by the public, the media and by Ministry inspectors. The impact of new legislation, punitive approaches to compliance and problems hiring and retaining staff across the province has resulted in a system that is under siege.

Given the right investments to support rebuilding existing homes and to add more staff to meet resident needs, along with the political will to alleviate some of the demands of burdensome reporting in an already strained work environment, long-term care can do better. But time is not on our side.

The numbers:

32,835

Ontarians were waiting for a long-term care bed as of April 2018.

90%

of the residents in our long-term care homes have some form of cognitive impairment.

15 years

of unaddressed challenges left by the previous government.

► Why is it important to act now?

Wait lists are growing at an astounding rate. In 2015, 22,601 Ontarians were waiting for a long-term care bed and as of April 2018, that number has grown by more than 10,000 – up to 32,835. As of April 2018, the average time for placement is now 158 days. Where seniors are unable to find a bed, they are cared for at home or in hospital. And that makes our problem a system problem.

Last January, Ontario hospitals passed an ominous milestone when emergency room wait times reached an all-time high because 4,807 acute care beds were designated ALC beds (a hospital bed used to care for a patient who is too ill or frail to be at home is designated an Alternate Level of Care or ALC bed). Many of these patients were seniors unable to return home and unable to find a place in long-term care. The resulting backlog forced some hospitals to literally practice “hallway medicine,” caring for patients in less conventional spaces.

At the peak of the crisis, extra hospital beds were opened, spots were created for seniors in new supportive housing units, and transitional spaces were organized for other ALC patients. However innovative, these solutions have only temporarily stemmed the rising tide of need.

► What can we do about it?

Before our health care system meets its next capacity challenge, Ontario can leverage the existing expertise in long-term care homes to provide better care environments for people who need support, while relieving pressure on our hospitals and community resources. To enable a system-wide solution, government must do three things better than it has in the last 15 years.

Government must help us to:

- 1. Hire more staff.**
- 2. Build and modernize homes.**
- 3. Focus on care, not on unnecessary government paperwork.**

Hire more staff.

Understaffed homes, overworked staff and rising rates of dementia and clinical complexity are putting a strain on today's long-term care workers.



Lisa is a personal support worker in Belleville. She works with Adrina and wants to devote more attention to her care, but is often too tight for time, making sure everyone has used the bathroom and is dressed before breakfast.

"On the day shift, two of us start at 6 a.m. to get everyone up. By the time we get everyone ready, some of the first residents we care for end up waiting for an hour before we can actually bring them to the dining room.

In the evenings, our residents with dementia often have more pronounced symptoms. I often see more anxiety. One resident will say 'I need to go' and moments later will ask me where she needs to go. Another resident often asks if her parents know where she is. Some get fearful, and that leads to agitation.

Spending time with someone can help reduce this anxiety, but we often get caught up after dinner and can't spend the time we want to with them."

Lisa and Adrina

The need for more staff.

Over the past decade, the profile of residents has changed to one of a population in need of more direct care. But funding has not kept pace. The investments that long-term care has been receiving have done little more than keep pace with inflation so that year-over-year increasing staffing costs have absorbed any annual funding increases. As a result, we have not been able to add more staff to care for these residents who need more daily support than ever before. Government must make a commitment to grow funding that will allow for the hiring of more personal support workers (PSWs) and more skilled staff like registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs).

Increasing dementia and mental health concerns.

Dementia and chronic mental health conditions in Ontario's senior population have increased noticeably in the past decade. More than 90% of the residents in our long-term care homes have some form of cognitive impairment. Almost half demonstrate some degree of aggressive behaviour and 40% have a psychiatric or mood disorder. And almost all of Ontario's long-term care homes have reported behavioural incidents serious enough to require police intervention.

Another trend is the growing number of residents with dementia who also have a mental health disorder. Long-term care operators are reporting high ratios of residents with mental health disorders in homes where staff have not been adequately trained in the management of these conditions.

Mental health support on site.

The last government's Behavioural Supports Ontario (BSO) program only partially addressed the need for help with people living with dementia. But the program had its limitations. Chief among them was that most BSO teams were not in long-term care homes. Instead, mobile BSO teams formed the core component of the province's dementia strategy, supporting both long-term care residents and the community.

But research has shown that having a specialized dementia support team on site in a long-term care home outperforms the mobile or remote support teams currently in use, by two to four times. An in-home team can not only help to develop preventative strategies and improve resident quality of life, it can reduce transfers to hospitals.

Still, many long-term care residents struggle every day, unable to have these supports to enhance their quality of life. Homes wait anywhere from days to weeks for assistance under this inconsistent model of mobile mental health teams, which are reactive and do not support residents' quality of living in real-time as required.

Residents with dementia and mental health conditions need consistent and timely support. That's why we are recommending that every home have a specialized dementia support team and that the Local Health Integration Networks (LHINs) should no longer be involved with its administration.

"It takes time and getting to know a person to learn how to help reduce their anxiety and agitation. I like to sit with Adrina in her room and help her go through her memory box - it's filled with things that are important to her like a silk scarf, a house key, and a picture of her grandchildren. Usually something makes a connection and I love to see her eyes shine. But some days, most days, I don't have time."

Homes unable to fill shifts and use flexible approaches to staffing.

Current staff-to-resident ratios vary depending on time of day so that resident-centred care – the type of care families want for their loved ones and the type of care staff want to provide – is inconsistent. Less staff means some locations are unable to fill PSW or RN shifts, which can impact a home's ability to meet legislative requirements. It significantly affects staff morale and increases workplace stress.

But homes could better meet staffing needs if they were allowed to be flexible in their approaches to using RNs, RPNs, PSWs, porters, personal help workers and other care professionals. The province needs to move to a resident-centered staffing approach, offering the flexibility to commit to care in each and every home while maintaining a safe and secure environment.

In Ontario, the *Long-Term Care Homes Act* requires that an RN be in the home 24/7. This can be a real challenge for homes, particularly those in rural areas and small communities, where the supply of registered nurses is limited to begin with. The scope of practice of RPNs has expanded significantly over the last 15 years and they should be given the opportunity to work these shifts without their long-term care homes being found in non-compliance with outdated regulations.

The scope of the HR challenge.

The entire provincial health system is being affected by a significant health human resource challenge, but the effect of this challenge is compounded in long-term care as workplace stress mounts. In a survey of Ontario Long Term Care Association members, 80% of homes surveyed reported difficulty filling shifts and 90% experienced challenges recruiting staff. Of these positions, PSWs were the hardest positions to fill, followed closely by RNs.

This staffing gap can have a detrimental impact on a home's ability to be compliant with the *Long-Term Care Homes Act*. Resident profiles across the province vary greatly – some require more care than others, and some homes have limited access to staff depending on where they are in the province and what human resources are available to them. While homes and resident populations can differ widely, the mandated 24/7 RN staffing level remains the same across Ontario. We need flexibility to care for residents and not a cookie-cutter approach to staffing.

Despite there being a human resource crisis, homes are performing and providing a high quality of care. With the right funding and the right staffing approaches for a very diverse population spread across the province, we can do even better.

What government can do about it.

Long-term care homes need more funding, not only to hire more people, but to ensure we can retain the people we have and build specialist teams to help care for the growing population of residents living with dementia.

Recommendation	Estimated annual cost
<p>1. Adding \$100 million every year for the next four years to fund more nursing and professional care staff means that by the fourth year, homes will have added two more personal support workers for every 32 beds.</p>	<p>\$100 million in 2019/2020 to a total of \$400 million by 2022/2023.</p>
<p>2. An annual rate increase equal to the previous year's Consumer Price Index (CPI) plus acuity to increase the nursing and personal care (NPC) and program and support services (PSS) envelopes so that any new funding in recommendation 1 results in net new staffing.</p>	<p>A 2.6% increase in CPI and acuity would cost \$86 million.</p>
<p>3. Homes should be allowed to use their NPC funding for the type of care staff they need. Work that is not considered a direct care function, such as transporting residents to meals and activities, helping residents at mealtimes, and making beds could be completed by personal help workers. Homes should be allowed to hire personal help workers to enhance care.</p>	<p>No additional cost.</p>
<p>4. Specialized dementia support teams for all homes at \$3.00 per resident, per day.</p>	<p>\$11 million of new funding to the existing \$74.5 million.</p>
<p>5. Change the requirement for 24/7 RN coverage to 24/7 registered staff coverage.</p>	<p>No additional cost.</p>
<p>6. Small homes with 65 to 96 beds need to be made eligible for FTE RPN funding so that they can have a similar ratio of nursing and professional care staff to residents as do larger homes.</p>	<p>\$7.4 million.</p>
<p>7. Create a long-term care health human resources plan that outlines what kind of capacity we need in our workforce, by when, and for what types of residents. It should also recognize the need to attract and retain health care professionals presenting long-term care as a viable place to build skills.</p>	<p>Unknown.</p>

Build and modernize homes.

Ensuring safety and quality of care that meets the needs of residents by rebuilding today's homes and increasing capacity for tomorrow.



Andrew's father Li has been in steady decline since the spring, and this summer he was admitted to hospital after he had a fall. They fixed his broken wrist but his dementia worsened and it became clear to everyone in the family that dad wasn't coming home. That's when Andrew and his sister Jen started visiting homes.

"The first one we saw was great. It was organized into units and each one cared for about 32 residents. The hallways were wide, and lit super bright.

Each unit had lounges and activity rooms, and there was also a large two-storey foyer at the entrance, along with a fireplace and a small library. But the wait list for this one was six months long, so we visited another one just 10 minutes away that had no wait list.

We loved the director of care at this other one. She was very helpful and answered all our questions, but you could see this home was old. The corridors were narrow, dim and cluttered with wheelchairs, portable lifts and carts that clearly couldn't be stored anywhere else. And the semi-private rooms were just two small beds separated by a curtain.

The people were great but the space definitely needed an upgrade."

Andrew and Li

Many of Ontario's long-term care homes are 40 or more years old and some are nearing the end of their functional lives. These older homes feature three- and four-bed wards that do not meet the needs of residents, particularly those with Alzheimer's disease and other dementias, who often find living with roommates stressful.

Ontario's long-term care homes are getting older and we are not rebuilding them fast enough. Approximately 300 homes (that's half of the province's total homes) are due for significant renovations or to be rebuilt to meet current design standards and provide greater comfort and safety. Overall, we will need to modernize or rebuild 30,000 beds before the operating licenses expire in 2025 just to maintain the numbers we currently have. In order to meet growing demand, we will need even more.

"What struck me was that many of the residents seemed to be hanging around in the hallways or by the nursing stations. They just didn't have anywhere else they could be. Why is there such a huge difference between homes? And what is taking so long to upgrade all homes to the same standard?"

Why we are so far behind.

Despite a well-known, evidence-based demographic surge of seniors unable to care for themselves, increasing caregiver distress, escalating ALC bed rates in our hospitals and massive waiting lists to enter long-term care, we spent the last decade mired in a program to rebuild or renovate homes that simply doesn't work.

The program implemented by the previous government to encourage building failed to allow many long-term care operators to redevelop homes that needed to be rebuilt. It was an unsuccessful program hindered further by an 18- to 24-month approval process. When combined with insufficient construction funding, bureaucratic delays and duplication, and excessive municipal development charges, redevelopment was essentially brought to a halt.

To meet the deadline of 2025, there should only be one redevelopment office with the authority to make the necessary decisions to approve projects. Both licensing and capital health have to come under the jurisdiction of this office and neither LHINs nor MPPs should be able to influence the redevelopment or relocation of homes.

Specific solutions must be devised for the development of homes in urban areas and for small homes so that operators see building and rebuilding homes as a stable and viable investment.

Taking immediate action



The government's recent announcement to move forward with adding **6,000 new long-term care beds** is a concrete first step towards the goal of building the 15,000 new beds Ontario badly needs. Along with its commitment to **reduce red tape** and minimize unnecessary bureaucracy, this government provides renewed hope that we will be able to rebuild older homes by 2025.

The need to encourage investment.

To start, the fundamentals of investing in long-term care must be sound. A long-term care home operator must assess that the investment and risk are favourable relative to other projects. And the risk that concerns them most is the sustainability of long-term care as a sector. Without a multi-year commitment to regular construction cost inflationary increases, the ability of operators to retain 100% of the inflationary resident co-payment increases, and a continuation of preferred accommodation increases, most operators see building new long-term care homes as too risky.

Current funding parameters are inadequate to enable redevelopment. To date, not many projects have been able to move forward. Action must be taken now for operators to plan appropriately, including accessing financing and phasing in construction, so that Ontarians have a portfolio of long-term care homes that are not only well-designed, but serviced by modern infrastructure that can support the medically complex needs of residents.

What government can do about it.

The focus must start with the new government's promised 15,000 new beds being added to existing older homes. Construction funding subsidies need to keep pace with current economic realities and be scaled to suit homes of different sizes. On top of this, all homes should be exempt from paying property taxes and if that's not possible, their classification should be changed so they are paying residential property taxes instead of commercial. Government should also consider a number of strategies to encourage redevelopment where it is needed, especially in urban areas where the demand for beds outstrips supply.

Recommendation	Estimated annual cost
<p>1. Adding new beds to existing homes must be the priority. Many of these homes are in areas that have demand that far exceeds the existing supply. The new government's promised 15,000 new beds should be added to existing, older homes over the next three years to grow them to a size that will make them more economic to redevelop in the future.</p>	<p>\$70,000 per bed, but the government has already set out that they will make 15,000 beds available over the next five years.</p>
<p>2. Construction funding subsidies (CFS) need to be increased if there is to be a concerted effort to bring this redevelopment work back on track. The province set the CFS rate in 2014 and did not update it to reflect the growing cost of building. Going forward, the CFS should be increased annually, and homes of different sizes will need different increases to CFS to support redevelopment.</p>	<p>CFS should be increased based on construction cost increases since 2014 (\$21 million), and going forward be increased annually based on the previous 12-month increase in construction costs.</p>
<p>3. Exempt long-term homes from property taxes. Or change the classification of privately owned long-term care homes so that they can pay residential property taxes instead of commercial ones. Since the province already pays 85% of property taxes, either recommendation would result in significant savings for government.</p>	<p>To correct the CFS disparity between homes of different sizes: \$33 million.</p>
<p>4. Government must address development charges. Some operators must pay more than \$50,000 per bedroom to municipalities. Municipalities should be mandated to reduce development charges to no more than \$5,000 per new bed and to not charge to rebuild old beds.</p>	<p>Savings of \$64 million for 2019/20 and an estimated \$263 million when all beds are renewed and 30,000 beds become operational.</p>
<p>5. Urban land costs must be mitigated using a number of strategies. To start, since CFS is not sufficient to provide for the cost of land in urban areas, a committee made up of members from long-term care and the Ministry should establish a method to subsidize this cost. Government must amend growth policies to permit long-term care homes on lands designated as 'employment lands.'</p>	<p>Unknown.</p>
<p>6. The Ministry's approval and licensing process must be streamlined. Establish a single office that has the authority to oversee both licensing and capital health and to make decisions regarding redevelopment. Do not allow LHINs and MPPs to influence the process. Exempt current operators from the financial review and aligned licensing process, and eliminate the LEED Silver program and the certification process.</p>	<p>Unknown.</p>
<p>7. Create a funding program to maintain safe and comfortable buildings. Lifts, beds, heating and cooling systems, electrical and plumbing, even roofs, windows and floors, all have to be maintained or replaced more than once through a home's lifespan. It's an issue that affects older homes as much as it does newer ones. To manage this, both homes and government will set up a dedicated capital maintenance fund. Both parties will contribute \$1.50 per bed per day to fund capital maintenance projects and any money not used in a given year would stay in the fund until it is needed.</p>	<p>\$42.7 million.</p>

Focus on care, not on unnecessary government paperwork.

Overregulation and compliance measures are affecting direct care hours.



As one of the registered practical nurses on site at a home in Tillsonburg, Sasha is responsible for distributing medications three times a day. She also does wound care and other treatments, and collects information on residents' vitals as well as pain and incontinence. But this type of reporting is just the start.

"The administrative burden is getting worse. We have one nurse who spends more than half of her time just on gathering information for the Ministry inspections. I often fall behind on my charting. On a good day I only spend 15 minutes finishing up my paperwork after my shift has ended, but when I'm busy, when residents need me, I help them first and then sometimes I spend an hour past my shift finishing it up.

The level of care each resident requires is much more than it used to be. One thing people don't realize about long-term care is that it's not like being a nurse in a hospital. In a hospital, you're responsible for a person's care while they get better. In long-term care, you are responsible for every part of that person's life, from helping them to get dressed to organizing their activities. I love working with the residents and I get frustrated that the endless paperwork gets in the way of that."

Sasha

In many cases, frontline health care workers are personally shouldering the burden of the administrative work added to their duties as a direct result of regulatory requirements set out in the *Long-Term Care Homes Act*, its Regulation and other legislation introduced by the former government over the past 15 years.

What is the administrative burden?

All of Ontario's long-term care homes are required to provide information and data to the Ministry, LHINs and Health Quality Ontario in more than 60 areas of operation in monthly, quarterly and annual submissions. And not only is this information submitted to these agencies, it must also be made available for unscheduled inspections (on average a home is inspected more than five times per year), which can involve as many as three inspectors and last up to 10 days. On average, homes are subject to 43 days of inspection per year.

But the majority of homes are in good standing. In fact, the Ministry's own data indicates that the vast majority of homes are "low risk" and that Ontario is performing better than other provinces in key areas of quality. And the *Long-Term Care Homes Act* is widely considered one of the toughest pieces of long-term care home legislation in the world. Ours is the only area of the health system that is subject to such rigorous inspections, which adds to an already-strained work environment.

The previous government, through the *Strengthening Quality and Accountability for Patients Act*, intended to make the inspection program even tougher by including new financial penalties and increased inspector powers. It also sought to remove the right to representation for staff and leadership, and remove due diligence measures of board members. These changes are proving truly destructive to long-term care, particularly in the context of our current workforce challenges. If these policies are implemented, it will drive good people out of long-term care and make it even harder to attract new people.

Eliminating redundant, excessive reporting.

It takes significant staff resources to fulfill all the activities associated with completing forms, entering data, submitting reports, and chronicling resident care and performance information.

Almost 95% of the information homes must report on is directly related to the provision of nursing and personal care services. In other words, nursing and care staff must take time away from direct care activities to report on the care they are providing. This is not to say that activities should not be recorded; rather, that redundant and excessive reporting should be eliminated. For example, the reporting requirements introduced in 2010 by the *Long-Term Care Homes Act* only adds to what is already required by professional colleges and standards of practice. The result? Direct care staff in long-term care homes now spend hours per day completing mandatory documentation requirements at the expense of providing more direct care to residents.

"Some residents like to tease us. They say: 'You spend more time nursing that computer!' But I tell them, if we don't chart it, it's like it didn't happen. It's health care, so of course we have a lot of paperwork. That's normal, but preparing all that other paperwork for inspections seems like overkill."

Providing care, not documentation.

Doing the additional administrative work just for care planning documentation can add an hour and a half of nurse time to complete each resident assessment, over and above what is already required by professional colleges and standards of practice. The cost of doing two common types of reporting – RAI MDS and RAPS – is estimated to consume more than 1 million care hours and \$50 million annually.

But beyond cost is the loss to resident care, which is the key measure of quality of living in long-term care. Every hour diverted from direct care to meet these information obligations is a loss in meaningful interactions with residents.

What government can do about it.

The culture of the inspection program needs to change. We need to return to a quality-based approach and work on coaching homes to compliance instead of taking a punitive approach. This has a negative effect on a home's ability to retain its staff, which ultimately affects the quality of resident care.

We strongly urge the government to move ahead with these changes and only target high-risk homes and issues. We also need to change the approach of levying fines for issues that are out of a home's control, such as the need for a 24/7 RN when there are significant workforce shortages. Change has to be the ultimate goal in getting to a quality-based, resident care system.

For instance, Ontario's new government could revise the previous government's decision to hire an additional 100 inspectors to inspect homes on an annual basis and move to a risk based system. The potential cost savings from this decision alone will ensure sustainability, value for money and free up time to care for residents.

The new government has the opportunity to reduce red tape and address the fact that long-term care in Ontario is overburdened with documentation and restrained by rules and inspections.

Recommendation	Estimated annual cost
1. The Ministry should move to a more balanced approach to inspections and incorporate an incentive-based system.	No additional cost.
2. The Ministry should conduct a legislative review of the <i>Long-Term Care Homes Act</i> to limit the unintended administrative burden that compliance has on homes so that they can better focus on advancing quality care to seniors in need.	No additional cost.



— Our plan for seniors: —

- 1. Hire more staff.**
- 2. Build and modernize homes.**
- 3. Focus on care, not on unnecessary government paperwork.**



The Ontario Long Term Care Association is the largest association of long-term care providers in Canada and the only association that represents the full mix of long-term care operators – private, not-for-profit, charitable, and municipal. We represent nearly 70% of Ontario's 630 long-term care homes, located in communities across the province. Our members provide care and accommodation services to more than 70,000 residents annually.

ONTARIO LONG TERM CARE ASSOCIATION

Shaping the future of long term care.

oltca.com